

Appendix D Forms

CONTENTS OF APPENDIX D

- I. Underground Storage Tank Unauthorized Release (Leak) Contamination Site Report
- II. Cap Public Notification and Request for Comment Form
- III. Chain-of-Custody Form
- IV. Groundwater Monitoring Results Reporting Form
- V. File Review Request Form

I. Underground Storage Tank Unauthorized Release (Leak) Contamination Site Report

UNDERGROUND STORAGE TANK UNAUTHORIZED RELEASE (LEAK) / CONTAMINATION SITE REPORT			
EMERGENCY <input type="checkbox"/> YES <input type="checkbox"/> NO		HAS STATE OFFICE OF EMERGENCY SERVICES REPORT BEEN FILED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
REPORT DATE M / D / Y		CASE #	
FOR LOCAL AGENCY USE ONLY I HEREBY CERTIFY THAT I HAVE DISTRIBUTED THIS INFORMATION ACCORDING TO THE DISTRIBUTION SHOWN ON THE INSTRUCTION SHEET ON THE BACK PAGE OF THIS FORM.			
REPORTED BY		SIGNED _____ DATE _____	
NAME OF INDIVIDUAL FILING REPORT		PHONE ()	
SIGNATURE			
REPRESENTING <input type="checkbox"/> OWNER/OPERATOR <input type="checkbox"/> REGIONAL BOARD		COMPANY OR AGENCY NAME	
<input type="checkbox"/> LOCAL AGENCY <input type="checkbox"/> OTHER _____			
ADDRESS			
STREET		CITY STATE ZIP	
RESPONSIBLE PARTY		CONTACT PERSON	
NAME <input type="checkbox"/> UNKNOWN		PHONE ()	
ADDRESS			
STREET		CITY STATE ZIP	
SITE LOCATION		OPERATOR	
FACILITY NAME (IF APPLICABLE)		PHONE ()	
ADDRESS			
STREET		CITY COUNTY ZIP	
CROSS STREET			
LOCAL AGENCY		CONTACT PERSON	
AGENCY NAME		PHONE ()	
REGIONAL BOARD		PHONE ()	
SUBSTANCES INVOLVED		NAME	
(1)		QUANTITY LOST (GALLONS)	
		<input type="checkbox"/> UNKNOWN	
(2)			
		<input type="checkbox"/> UNKNOWN	
DATE DISCOVERED		HOW DISCOVERED <input type="checkbox"/> INVENTORY CONTROL <input type="checkbox"/> SUBSURFACE MONITORING <input type="checkbox"/> NUISANCE CONDITIONS	
M / D / Y		<input type="checkbox"/> TANK TEST <input type="checkbox"/> TANK REMOVAL <input type="checkbox"/> OTHER _____	
DATE DISCHARGE BEGAN		METHOD USED TO STOP DISCHARGE (CHECK ALL THAT APPLY)	
M / D / Y		<input type="checkbox"/> REMOVE CONTENTS <input type="checkbox"/> CLOSE TANK & REMOVE <input type="checkbox"/> REPAIR PIPING	
HAS DISCHARGE BEEN STOPPED?		<input type="checkbox"/> REPAIR TANK <input type="checkbox"/> CLOSE TANK & FILL IN PLACE <input type="checkbox"/> CHANGE PROCEDURE	
<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DATE M / D / Y		<input type="checkbox"/> REPLACE TANK <input type="checkbox"/> OTHER _____	
SOURCE/CAUSE		CAUSE(S)	
<input type="checkbox"/> TANK LEAK <input type="checkbox"/> UNKNOWN		<input type="checkbox"/> OVERFILL <input type="checkbox"/> RUPTURE/FAILURE <input type="checkbox"/> SPILL	
<input type="checkbox"/> PIPING LEAK <input type="checkbox"/> OTHER		<input type="checkbox"/> CORROSION <input type="checkbox"/> UNKNOWN <input type="checkbox"/> OTHER _____	
CHECK ONE ONLY			
<input type="checkbox"/> UNDETERMINED <input type="checkbox"/> SOIL ONLY <input type="checkbox"/> GROUNDWATER <input type="checkbox"/> DRINKING WATER - (CHECK ONLY IF WATER WELLS HAVE ACTUALLY BEEN AFFECTED)			
CURRENT STATUS			
<input type="checkbox"/> NO ACTION TAKEN <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT WORKPLAN SUBMITTED <input type="checkbox"/> POLLUTION CHARACTERIZATION			
<input type="checkbox"/> LEAK BEING CONFIRMED <input type="checkbox"/> PRELIMINARY SITE ASSESSMENT UNDERWAY <input type="checkbox"/> POST CLEANUP MONITORING IN PROGRESS			
<input type="checkbox"/> REMEDIATION PLAN <input type="checkbox"/> CASE CLOSED (CLEANUP COMPLETED OR UNNECESSARY) <input type="checkbox"/> CLEANUP UNDERWAY			
REMEDIAL ACTION			
CHECK APPROPRIATE ACTION(S) (SEE BACK FOR DETAILS)			
<input type="checkbox"/> CAP SITE (CD) <input type="checkbox"/> EXCAVATE & DISPOSE (ED) <input type="checkbox"/> REMOVE FREE PRODUCT (FP) <input type="checkbox"/> ENHANCED BIO DEGRADATION (IT)			
<input type="checkbox"/> CONTAINMENT BARRIER (CB) <input type="checkbox"/> EXCAVATE & TREAT (ET) <input type="checkbox"/> PUMP & TREAT GROUNDWATER (GT) <input type="checkbox"/> REPLACE SUPPLY (RS)			
<input type="checkbox"/> VACUUM EXTRACT (VE) <input type="checkbox"/> NO ACTION REQUIRED (NA) <input type="checkbox"/> TREATMENT AT HOOKUP (HU) <input type="checkbox"/> VENT SOIL (VS)			
<input type="checkbox"/> OTHER (OT) _____			
COMMENTS			

HSC 05-1899

II. Cap Public Notification and Request for Comment Form

SAMPLE
CAP PUBLIC NOTIFICATION LETTER

Date

Name, Address, City, State Zip

Dear :

CLEANUP OF ENVIRONMENTAL CONTAMINATION RESULTING FROM
LEAKING UNDERGROUND STORAGE TANKS LOCATED AT
(Site Name, Address, City, State and Zip Code).

The (RP Name) and their consultants, (Consulting Firm Name), have proposed a corrective action plan (CAP) to remediate the soil and groundwater contamination at the site referenced above. The County of San Diego Department of Environmental Health (DEH) must review the CAP prior to implementation of the plan. This notice is sent to advise you that the plan is available for review, and to advise you that DEH is accepting public comment on the plan through (use 30 day window).

The environmental contamination at the site resulted from a leaking underground fuel tank system. The leak was first discovered in (time of year, e.g., Spring of year). Since that time, the (RP Name) has instituted clean up efforts to control the adverse impacts to the public, while simultaneously investigating the size of the release. The (RP Name) now proposes a CAP to effectively clean up the contamination. The (RP's) activities have been overseen by DEH.

The CAP proposes to remediate soil contamination by (short description of activities to be implemented).

You may review a copy of the CAP (list exact title of report) for (Site Address, City, State, SAM Case #/H#) at the (location) Public Library, (address of library), or at the offices of the County DEH, 1255 Imperial Avenue, Suite 300, San Diego, CA.

Written comments on the CAP may be directed to (DEH/SAM Staff Person's Name) by Fax (619) 338-2377 or by mail to the County of San Diego Department of Environmental Health, P.O. Box 85261, San Diego, 92186-5261. Comments must be received by (use 30 day window).

Questions regarding the content of the CAP should be directed to one of the following:

- 1) (RP Representative, Telephone #, RP Name)
- 2) (Consultant Name, Telephone #, Consultant Firm's Name)
- 3) (DEH/SAM Staff Person's Name, Telephone #)

Sincerely,

III. Chain-of-Custody Form

IV. Groundwater Monitoring Results Reporting Form


GROUNDWATER MONITORING RESULTS

Site Name: _____
 Address: _____
 Case No: _____

Sample Date:	Well ID: Drill Date:	Well Diameter: Bore Diameter:	Total Well Depth:	Screen Interval:	Top of Casing Elevation:
MCL					
Benzene (ug/l)					
1 ug/l					
Toluene (ug/l)					
100 ug/l					
Ethylbenzene (ug/l)					
680 ug/l					
Xylenes (ug/l)					
1,750 ug/l					
MTBE (ug/l)					
13 ug/l					
TPH (mg/l)					
Free Product (ft)					
Depth to Product (ft)					
Depth to Water (ft)					
GW Elevation (ft)					

Sample Date:	Well ID: Drill Date:	Well Diameter: Bore Diameter:	Total Well Depth:	Screen Interval:	Top of Casing Elevation:
MCL					
Benzene (ug/l)					
1 ug/l					
Toluene (ug/l)					
100 ug/l					
Ethylbenzene (ug/l)					
680 ug/l					
Xylenes (ug/l)					
1,750 ug/l					
MTBE (ug/l)					
13 ug/l					
TPH (mg/l)					
Free Product (ft)					
Depth to Product (ft)					
Depth to Water (ft)					
GW Elevation (ft)					

V. File Review Request Form



County of San Diego

DEPARTMENT OF ENVIRONMENTAL HEALTH
P.O. BOX 129261, SAN DIEGO, CA 92112-9261
(619) 338-2222 FAX (619) 237-8447
1-800-253-9933

OFFICE USE ONLY
 File # _____
 Request# _____
 No Records _____

GARY W. ERBECK
DIRECTOR

RICHARD HASS
ASSISTANT DIRECTOR

REQUEST TO REVIEW DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH) RECORDS

A request is hereby made to review DEH records. You may also access information from the DEH website at www.sdcounty.ca.gov/deh/. Each request is limited to a MAXIMUM OF FIVE (5) addresses or Assessor's Parcels. A separate form must be completed for each address. Fax your completed form to File Review at (619-237-8447) or mail your request to address above Attn: File Review.

DEH complies fully with the California Public Records Act and the Federal Freedom of Information Act. Every properly completed request will be processed in the order it is received. After the files you have requested are retrieved from storage, an appointment will be scheduled so that you may review DEH records. Photocopies of file items may be requested. A fee of \$.15 per page is charged to cover cost of copies.

Requestor Name: _____
 Phone: () _____ FAX: () _____
 Company Name: _____
 Mailing Address: _____

(You may attach a business card/overprint with business card if preferred.)

The following information is required so that our files may be accurately searched:

Exact Address (Street, City and Zip Code) _____ or _____ Assessor's Parcel Number _____

Optional information (Establishment Permit Number, business name, etc.) _____

To help us identify all the records you wish to review, please indicate the purpose of your search and if you know the program file you want to review, please check below:

<input type="checkbox"/> Environmental Assessment Phase I/II	<input type="checkbox"/> Active business	<input type="checkbox"/> Purchasing/Selling Property	<input type="checkbox"/> SAM Closure Letter/Report
<input type="checkbox"/> Hazardous Materials Permit	<input type="checkbox"/> Site Assessment and Mitigation Release(s)	<input type="checkbox"/> Underground Storage Tank(s)	<input type="checkbox"/> Other

OFFICE USE ONLY BELOW THIS LINE

# _____	# _____	# _____	# _____	# _____	Inactive File # _____
# _____	# _____	# _____	# _____	# _____	Iron Mtn # _____

Files reviewed by: _____ of _____ Date: _____

Files copied for: _____ of _____ Date: _____

Request cancelled by: _____ Date: _____

Photocopies _____ Cost _____ Paid _____

Photocopies picked up/mailed on _____ Date _____ By _____ Name _____

A search for DEH records checked above has been conducted and NO RECORDS for the address you requested were found.

Signature	Title	Date
-----------	-------	------

DEH-SAM-9098 (Rev.1/03)